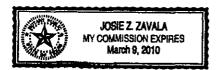
Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78	711-2070	(5	12)463-5800	1-800-325-850
1	OFFICEHOLDE INANCE REPOR		6656	С	FORM OVER SHE	C/OH ET PG 1
The C/OH Instruction Gui	DE explains how to complete	this form.	1 ACCOUNT # (Ethics Commission filers 00000001		PAGE# 1 of 18	
3 CANDIDATE / OFFICEHOLDER	1	FIRST erald	МІ		OFFICE USE	ONLY
NAME	NICKNAME I	AST augherty			ate Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUI 1403 Club Ridge Cove Austin, TX 78735	ITE#, C	ity; State; zip	CODE	TRAC C	Dete Postmarked
Change of Address				Re	COUNTY TO SE	S S
5 CAMPAIGN		FIRST	Mi		ite Processed	 0
TREASURER NAME		ÄŠT	· · · · · · · · · · · · · · · · · · ·	Da	te Imaged	= 3
		ĒLeon	30.		- · <u>-</u>	-
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLE 221 W 6th St 1050 Austin, TX 78701	ASE): APT / SUI	TE#; CITY; STA	TE: Źi	P CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N (512) 478-5308	IUMŠER	EXTENSION			
8 REPORT TYPE	X January 15 3	0th day before elect	ion Runoff		15th day after camp appointment (office	paign treasurer sholder only)
	July 15 8	th day before election	on Exceeded \$50	0 limit	Final report (Attach	C/OH - FR)
9 PERIOD COVERED	Month Day Year	THRO	Month UGH	Day	Year	
	07/01/2007			2/31/2007		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	-	X Gen	oral [Special
	11/04/2008		- Tranon	X Gen	erai	
11 OFFICE	OFFICE HELD (if any) Travis Co Commissioner,	Pct 3	12 OFFICE SOUGH Travis Co Co	T (if known) ommissione:	r, Pct 3	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures Candidates are required to disclose		enditures made by others with only if they receive notification			approval.
BY OTHER INDIVIDUALS	Name					
	Address/PO Box; Apt / Suite #;	City, State, 2	Lip Code			
additional pages						
		GO TO I	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

				
14 C/OH NAME Daug	herty, Gerald		15 ACCOUNT# 00000001	(Ethics Commission filers)
16 NOTICE FROM	have been made with	otice of political expenditures by political committees to support the ca- nout the candidate's or officeholder's knowledge or consent. Candidately receive notice of such expenditures		
POLITICAL COMMITTEE TYPE COMMITTEE TYPE COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAVE		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
ļ		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS. OR GUARANTEES OF LOANS)	\$	7,800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$	18.21
	4. TOTAL	POLITICAL EXPENDITURES	\$	19,600.09
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	117,412.11
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00
49 ACCIDAL/IT				

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Gerald Daugherty.

15 th day

January, 20 08 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/2	2 Report: 3/18
2 FILER NAME	Daugherty, Gerald		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Barnes, Wayne Naylor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/14/2007	6 Contributor address; City; State; Zip Code 10402 Misty Hollow Cv Austin, TX 78759-6158	•••••	\$150.00	
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor ut-of-state PAC (ID# Conley, Will	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/15/2007	Contributor address: City; State; Zip Code 2002 Castle Bluff Dr San Marcos, TX 78666-2222		\$200.00	<u> </u>
	Odit Woloos, 17 19555 ELLE		184	
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)
Findipe- Co.,			isu donoris,	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
07/11/2007	Contributor address; City; State; Zip Code 7952 Anderson Sq Austin, TX 78757-8419		\$2,500.00	
				Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/12/2007	Contributor address; City; State; Zip Code 2 Lake Bridge Dr San Antonio, TX 78248-1024		\$250.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor	<u>‡</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/23/2007	Contributor address; City; State; Zip Code PO Box 510 Uvalde, TX 78802-0510	:	\$2,500.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	

POLITICAL CONTRIBUTIONS

SCHEDULE A

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	
		· · · · · · · · · · · · · · · · · · ·		Schedule: 2/	2 Report: 4/18
2	FILER NAME	Daugherty, Gerald		3 ACCOUNT # 00000001	(Ethics Commission filers)
ļ	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Navarro, Rocky J.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	08/02/2007	6 Contributor address; City; State; Zip Code 3501 Bee Creek Rd Spicewood, TX 78669-6780		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
)	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/24/2007	Contributor address; City; State; Zip Code 100 Congress Ave Ste 1300 Austin, TX 78701-2744	••••	\$2,000.00	
				//f tops and protected a set	
_	Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)

Texas Ethics Con	nmission P.O.Box 12070 Austin, Texas 7	8711-2070	(512)463	3-5800 1-800-325-8506
POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 1/8	Report: 5/18
2 FILER NAME	Daugherty, Gerald		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name Central Texas Branch TPWA			7 Amount (\$)
09/24/2007	6 Payee address; City; State; Zip Code 2100 Trimmier Rd Ste 102 Killeen, TX 76541-8900			\$200.00
8 Purpose of par required.)	yment (See instructions regarding type of information	9 ** Complete if direct Candidate / Officehold	expenditure to bene der name:	efit Candidate/Officeholder **
Sponsorship for	Scholarship Fund			
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Daugherty, Gerald	-		Amount (\$)
07/30/2007	Payee address; City; State; Zip Code 1403 Club Ridge Cove Austin, TX 78735			\$665.44
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if direct		efit Candidate/Officeholder **
Reimbursement	for Schedule G Expenditures			
(l)	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Daugherty, Gerald		<u>-</u> -	Amount (\$)
09/17/2007	Payee address; City; State: Zip Code 1403 Club Ridge Cove Austin, TX 78735		•••••	\$750.19
Purpose of pay required.)	yment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		efit Candidate/Officeholder **
Reimbursement	for Schedule G Expenditures			5
(II	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Daugherty, Gerald	-		Amount (\$)
12/30/2007	Payee address; City; State; Zip Code 1403 Club Ridge Cove Austin, TX 78735			\$428.20
Purpose of pay required.)	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		afit Candidate/Officeholder **
• •	for Schedule G Expenditures			
(II	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		

Texas Ethics Cor	nmission P.O.Box 12070 Austin, Texas	78711-2070	(512)46	3-5800 1-800-325-850
POLITI	CAL EXPENDITURES			SCHEDULE F
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/8	Report: 6/18
2 FILER NAME	Daugherty, Gerald		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name Davis, Mistie			7 Amount (\$)
12/30/2007	6 Payee address; City; State; Zip Code 6201 Colina Ln Austin, TX 78759-4767			\$600.00
required.)	yment (See instructions regarding type of information or Campaign Work	9 ** Complete if direc Candidate / Officehol		efit Candidate/Officeholder
	If travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Friends of the Parks - Great Hills			Amount (\$)
09/17/2007	Payee address; City; State; Zip Code 10613 Sierra Oaks Austin, TX 78759-5166			\$100.00
Purpose of pa required.)	yment (See instructions regarding type of information	** Complete if direct Candidate / Officehol		efit Candidate/Officeholder
Donation for Pa	rk Project If travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Frink, Bob			Amount (\$)
09/28/2007	Payee address; City; State; Zip Code 11210 Deadoak Ln Austin, TX 78759-4514			\$240.00
Purpose of pa required.) Contract Labor	yment (See instructions regarding type of information	Complete if direct Candidate / Officehol		efit Candidate/Officeholder **
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		· · · · · · · · · · · · · · · · · · ·
Date	Payee name Keel Systems			Amount (\$)
08/19/2007	Payee address; City; State; Zip Code 23812 Tres Coronas Spicewood, TX 78669-1631			\$90.00
required.)	yment (See instructions regarding type of information EC Report Consultation	** Complete if direct Candidate / Officehol	t expenditure to bender name:	efit Candidate/Officeholder
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		

P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F PAGE# The Instruction Guide explains how to complete this form. Schedule: 3/8 Report: 7/18 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Daugherty, Gerald 00000001 Amount Date Payee name (\$) Lake Travis Baseball 10/22/2007 \$150.00 City: State: Zip Code 6 Payee address; 202 Sendera Bonita Lakeway, TX 78734-3951 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: required.) Sponsorship Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount **LTRPAC** (\$) \$380.00 08/12/2007 Payee address; City; State; Zip Code PO Box 340033 Austin, TX 78734-0001 Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: required.) Golf and Luncheon Sponsorship Office sought: (If travel outside of Texas, complete Schedule T) Office held: Amount Date Payee name Northwest Austin Republican Women PAC (\$) 09/17/2007 \$100.00 Payee address; City; State; Zip Code PO Box 891 Manor, TX 78653-0891 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name: **Donation for Dictionary Fundraiser Project** Office sought: (If travel outside of Texas, complete Schedule T) Office held: Payee name Date Amount (\$) Shack, Ed 08/19/2007 \$1,050.00 City; State; Zip Code Payee address; 814 San_Jacinto Blvd Ste 202 Austin, TX 78701-2510 Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit Candidate/Officeholder required.) Candidate / Officeholder name: Attorney Fees for Ethics Report Review Office sought: (If travel outside of Texas, complete Schedule T)

Office held:

POLITI	ICAL EXPENDITURES			SCHEDULE F
The INSTRUCT	ION GUIDE explains how to complete this form.	;*	1 PAGE# Schedule: 4/8	Report: 8/18
2 FILER NAME	Daugherty, Gerald		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Payee name The Planet			7 Amount (\$)
07/20/2007	6 Payee address; City; State; Zip Code 835 Greens Pkwy Ste 150 Houston, TX 77067-4450		.,,,,	\$10.66
Purpose of pa required.) Website Service	syment (See instructions regarding type of information	9 ** Complete if direc Candidate / Officehol		efit Candidate/Officeholder **
(1	If travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name The Planet			Amount (\$)
08/20/2007	Payee address; City; State; Zip Code 835 Greens Pkwy Ste 150 Houston, TX 77067-4450			\$10.66
Purpose of pa required.) Website Service	syment (See instructions regarding type of information	** Complete if direc Candidate / Officehol	t expenditure to bend der name:	efit Candidate/Officeholder
[(i	If travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name The Planet	<u> </u>		Amount (\$)
09/21/2007	Payee address; City: State; Zip Code 835 Greens Pkwy Ste 150 Houston, TX 77067-4450			\$10.66
Purpose of par required.) Website Service	yment (See instructions regarding type of information	** Complete if direc Candidate / Officehol		efit Candidate/Officeholder
	If travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name The Planet			Amount (\$)
10/20/2007	Payee address; City; State; Zip Code 835 Greens Pkwy Ste 150 Houston, TX 77067-4450			\$10.66
Purpose of par required.) Website Service	yment (See instructions regarding type of information	** Complete if direc Candidate / Officehol		efit Candidate/Officeholder
O	If travel outside of Texas, complete Schedule T)	Office sought: Office held:		

Payee address;

PO Box 85100 Austin, TX 78708-5100

required.)

Utilities

Purpose of payment (See instructions regarding type of information

(If travel outside of Texas, complete Schedule T)

Office sought: Office held: Amount (\$) City; State; Zip Code Office sought: Office held: **Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office sought: Office held: Electronic Filing Version 3.3.6

POLITICAL EXPENDITURES

SCHEDULE F

				001/20022 1
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/8	Report: 10/18
2 FILER NAME	Daugherty, Gerald		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	5 Payee name Time Warner Cable			7 Amount (\$)
09/06/2007	6 Payee address; City; State; Zip Code PO Box 85100 Austin, TX 78708-5100	.,		\$30.95
8 Purpose of payment (See instructions regarding type of information required.) 9 ** Complete if direct expenditure to bene Candidate / Officeholder name:				fit Candidate/Officeholder **
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Time Warner Cable			Amount (\$)
10/07/2007	Payee address; City; State; Zip Code PO Box 85100 Austin, TX 78708-5100			\$30.95
Purpose of par required.) Utilities	yment (See instructions regarding type of information	* * Complete if direct Candidate / Officehol		fit Candidate/Officeholder
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Time Warner Cable			Amount (\$)
11/10/2007	Payee address; City; State; Zip Code PO Box 85100 Austin, TX 78708-5100	,		\$30.95
Purpose of pay required.) Utilities	yment (See Instructions regarding type of information	** Complete if direct Candidate / Officehol		fit Candidate/Officeholder **
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Time Warner Cable			Amount (\$)
12/11/2007	Payee address; City; State; Zip Code PO Box 85100 Austin, TX 78708-5100			\$30.95
Purpose of pay required.) Utilities	ment (See instructions regarding type of information	Complete if direct Candidate / Officehol		fit Candidate/Officeholder **
(H	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/8	Report: 11/18
2 FILER NAME	Daugherty, Gerald		3 ACCOUNT# 00000001	(Ethics Commission filers)
4 Date	4 Date 5 Payee name TRACPAC			7 Amount (\$)
07/13/2007	6 Payee address: City; State; Zip Code 10711 Burnet Rd Austin, TX 78758-4457			\$2,500.00
8 Purpose of par required.) Loan	ment (See instructions regarding type of information	9 ** Complete if direc Candidate / Officehol		afit Candidate/Officeholder **
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		· <u></u>
Date	Payee name TRACPAC			Amount (\$)
08/29/2007	Payee address; City; State; Zip Code 10711 Burnet Rd Austin, TX 78758-4457	.,		\$5,400.00
Purpose of pay required.) Loan	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehol	t expenditure to bend ider name:	efit Candidate/Officeholder **
(11	travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name TRACPAC			Amount (\$)
10/12/2007	Payee address; City; State; Zip Code 10711 Burnet Rd Austin, TX 78758-4457			\$3,000.00
Purpose of pay required.) Loan	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehol		afit Candidate/Officeholder
(II	travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Travis County Republican Party			Amount (\$)
12/10/2007	Payee address: City; State; Zip Code 7801 N Lamar Bivd Ste A139 Austin, TX 78752-1019			\$1,250.00
Purpose of pay required.) Filling fee	ment (See instructions regarding type of information	" Complete if direct Candidate / Officehol		ef:t Candidate/Officeholder **
1	travel outside of Texas, complete Schedule T)	Office sought:		

Texas Ethics Com	nmission P.O.Box 12070 Austin, Texas 7	78711-2070	(512)463	3-5800	1-800-325-8506
POLITI	CAL EXPENDITURES			SC	HEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/8	Report:	12/18
2 FILER NAME	Daugherty, Gerald		 		ommission filers)
4 Date	5 Payee name Travis County RNHA		1	7	Amount (\$)
10/29/2007	6 Payee address; City; State; Zip Code PO Box 13283 Austin, TX 78711-3283		······		\$250.00
Purpose of pay required.) Gala Sponsorshi	yment (See instructions regarding type of information	9 ** Complete if direc Candidate / Officehol	t expenditure to bene lder name:	efit Candida	ate/Officeholder **
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name Travis County Sheriff's Officers Association				Amount (\$)
07/16/2007	Payee address; City; State; Zip Code 400 W 14th St Ste 220 Austin, TX 78701-1644				\$1,000.00
required.)	yment (See instructions regarding type of information	** Complete if direc Candidate / Officehol	t expenditure to bene lder name:	afit Candida	ate/Officeholder **
Partial Refund of	f Contribution f travel outside of Texas, complete Schedule T)	Office sought: Office held:	·-		
1					
ı					
ı					

The Instruction	The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 1/6 I		Repo	ort: 13/18
2 FILER NAME	Daugherty, Gerald	3 ACCOUNT# 00000001	(Ethic	s Commission filers)
4 Date	Payee name Austin's Cheesecake Kitchen		8	Amount (\$)
08/14/2007	6 Payee address: City; State; Zip Code 701 S Capital Of Texas Hwy West Lake Hills, TX 78746-5243			\$60.00
	7 Purpose of expenditure (See instructions regarding type of information requirements business Meeting (If travel outside of Texas, complete Schedule T)	uired.)		Reimbursement from political contributions intended
Date	Payee name Barton Creek Country Club		<u> </u>	Amount (\$)
10/11/2007	Payee address; City; State; Zip Code 8212 Barton Club Dr Austin, TX 78735-1406			\$32.90
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting (If travel outside of Texas, complete Schedule T)	uired.)	☒	Reimbursement from political contributions intended
Date	Payee name Chili's Lake Austin			Amount (\$)
08/07/2007	Payee address; City; State; Zip Code 3600 N Capital Of Texas Hwy Austin, TX 78746-3211	•••••		\$43.00
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting (If travel outside of Texas, complete Schedule T)	uired.)	Ø	Reimbursement from political contributions intended
Date	Payee name Chili's Lake Austin			Amount (\$)
10/23/2007	Payee address; City; State; Zip Code 3600 N Capital Of Texas Hwy Austin, TX 78746-3211			\$68.00
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting	uired.)	区	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name Chuy's Round Rock	,,,,,,,,,,,		Amount (\$)
10/15/2007	Payee address; City; State; Zip Code 2320 lh 35 N Round Rock, TX 78681-2012			\$50.00
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting	uired.)		Reimbursement from political contributions intended
1	(If travel outside of Texas, complete Schedule T)		<u> </u>	<u>. </u>

The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 2/6		Report: 14/18		
2 FILER NAME	Daugherty, Gerald	3 ACCOUNT# 00000001	(Ethic	s Commission filers)
4 Date	5 Payee name Four Seasons		8	Amount (\$)
08/27/2007	6 Payee address; City; State; Zip Code 98 San Jacinto Blvd. Austin, TX 78701			\$43.00
	7 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting			Reimbursement from political contributions intended
 	(If travel outside of Texas, complete Schedule T)		<u> </u>	
Date	Payee name Four Seasons	•		Amount (\$)
10/15/2007	Payee address; City; State; Zip Code 98 San Jacinto Blvd. Austin, TX 78701			\$65.00
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting	uired.)	X	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name IHOP			Amount (\$)
07/11/2007	Payee address; City; State; Zip Code 11654 Research Blvd Austin, TX 78759-4033	;		\$30.00
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting (If travel outside of Texas, complete Schedule T)	uired.)	囟	Reimbursement from political contributions intended
Date	Payee name			Amount
Date	IHOP - Mopac			(\$)
07/10/2007	Payee address; City; State; Zip Code 1101 S Mo Pac Expy Austin, TX 78746-5779			\$30.00
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting	uired.)	X	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name IHOP - Mopac			Amount (\$)
09/14/2007	Payee address; City; State; Zip Code 1101 S Mo Pac Expy Austin, TX 78746-5779			\$20.06
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting	ired.)		Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

1-800-325-8506

The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 3/6		Report: 15/18		
2 FILER NAME	Daugherty, Gerald	3. ACCOUNT # 00000001	(Ethic	s Commission filers)
4 Date	5 Payee name IHOP - Mopac		8	Amount (\$)
10/11/2007	6 Payee address; City; State; Zip Code 1101 S Mo Pac Expy Austin, TX 78746-5779	:		\$20.00
	7 Purpose of expenditure (See instructions regarding type of information requ Business Meeting	uired.)	X	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name Jim's Restaurant #29			Amount (\$)
07/17/2007	Payee address; City; State; Zip Code 7101 W Highway 71 Austin, TX 78735-8307			\$32.96
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting	uired.)	X	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name La Madeleine			Amount (\$)
07/09/2007	Payee address; City; State; Zip Code 701 S Capital Of Texas Hwy Ste G700 Austin, TX 78746-5277			\$13.36
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting	rired.)		Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name Luby's			Amount (\$)
07/07/2007	Payee address; City; State; Zip Code 1616 East Oltorf Austin, TX 78741			\$18.90
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting	iired.)		Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name Ms B's Authentic Creole and Cajun Restaurant			Amount (\$)
08/09/2007	Payee address; City: State; Zip Code 1050 E 11th St Ste 100 Austin, TX 78702-1959			\$41.02
	Purpose of expenditure (See instructions regarding type of information requ Busisness Meeting	ired.)	X	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			

The Instruction	אס Guide explains how to complete this form.		PAGE # Schedule: 4/6	Repo	ort: 16/18
2 FILER NAME	Daugherty, Gerald		ACCOUNT # 00000001	(Ethic	s Commission filers)
4 Date	5 Payee name Ranch 616			8	Amount (\$)
11/21/2007	6 Payee address; City; State; Zip Code 616 Nueces St Austin, TX 78701-2812				\$43.00
77.00	7 Purpose of expenditure (See instructions regarding type of information req Business Meeting	uired	.)	図	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)				
Date	Payee name Rocco's				Amount (\$)
08/28/2007	Payee address; City; State; Zip Code 900 Ranch Road 620 S Ste A106 Lakeway, TX 78734-5616	•••		<u> </u> 	- \$177.75
	Purpose of expenditure (See instructions regarding type of information req Business Meeting	uired	.)	Ø	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)				
Date	Payee name Sullivan's Steakhouse		. <u></u> -		Amount (\$)
09/07/2007	Payee address; City; State; Zip Code 300 Colorado St Austin, TX 78701-3925	•••			\$40.10
	Purpose of expenditure (See instructions regarding type of information req Business Meeting	uired	.)	図	Reimbursement from political contributions intended
<u> </u>	(If travel outside of Texas, complete Schedule T)				
Date	Payee name Sullivan's Steakhouse				Amount (\$)
11/15/2007	Payee address; City; State; Zip Code 300 Colorado St Austin, TX 78701-3925				\$34.00
	Purpose of expenditure (See instructions regarding type of information req Business Meeting	uired	.)	区	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)				
Date	Payee name Threadgili's				Amount (\$)
07/24/2007	Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704				\$49.00
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting	ired.	.)	X	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			L	

The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE # Schedule: 5/6		Repo	ort: 17/18	
2 FILER NAME	Daugherty, Gerald	3 ACCOUNT# 00000001	(Ethic	s Commission filers)
4 Date	5 Payee name Threadgill's		8	Amount (\$)
08/02/2007	6 Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704			\$46.54
} 	7 Purpose of expenditure (See instructions regarding type of information requestions business Meeting (If travel outside of Texas, complete Schedule T)	ired.)		Reimbursement from political contributions intended
Date	Payee name Threadgill's			Amount (\$)
08/14/2007	Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704			\$33.00
:	Purpose of expenditure (See instructions regarding type of information requ Business Meeting (If travel outside of Texas, complete Schedule T)	ired.)		Reimbursement from political contributions intended
Date	Payee name Threadgill's			Amount (\$)
09/10/2007	Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704			\$36.00
	Purpose of expenditure (See instructions regarding type of information requ	ired.)	☒	Reimbursement from political contributions intended
Date	(If travel outside of Texas, complete Schedule T)			Amount
12/27/2007	Threadgill's Payee address; City; State; Zip Code 301 W. Riverside Austin, TX 78704			(\$) \$45.24
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting	ired.)	Ø	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name Waterłoo Ice House			Amount (\$)
08/09/2007	Payee address; City; State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400			\$15.38
	Purpose of expenditure (See instructions regarding type of information requ Business Meeting (If travel outside of Texas, complete Schedule T)	ired.)		Reimbursement from political contributions intended

POLITICAL EXPENDITURES

Schedule: 6/6 Report: 18/18	The Instruction Guide explains how to complete this form.			_	
Date S Payee name Waterloo Ice House Signature			Schedule: 6/6	Repo	ort: 18/18
Waterloo Ice House 08/10/2007 6 Payee address: City: State: Zip Code \$2 600 N Lamar Blvd Austin, TX 78703-5400 7 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) □ Date Payee name Waterloo Ice House (Si): State: Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) □ Date Payee name Waterloo Ice House (Si): State: Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Amount (Si): Reimbursement from policical contribution intended (Si): Reimbursement from policical contribution intended (Si): Reimbursement from policical contribution intended (Si): Reimbursement from policical contributions intended (Si): Reimbursement from policical contributions (Reimbursement from policical contributions intended (Reimbursement from policical contributions intended (Reimbursement from policical contributions (Reimbursement from policical contributions (Reimbursement from policical contributions (Reimbursement from policical contributions intended (Reimbursement from poli	2 FILER NAME	Daugherty, Gerald		(Ethlo	s Commission filers)
O8/10/2007 6 Payee address; City: State: Zip Code	4 Date	Waterloo Ice House		8	·
Business Meeting (If travel outside of Texas, complete Schedule T) Date Payee name Waterloo Ice House (Ity: State: Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Payee name Waterloo Ice House (Ity: State: Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Payee name Waterloo Ice House (Ity: State: Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Payee address: City: State: Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Purpose of expenditure (See instructions regarding type of information required.) Date Payee name Waterloo Ice House City: State: Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Payee address: City: State: Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Payee name Waterloo Ice House City: State: Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Payee address: City: State: Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Payee address: City: State: Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Purpose of expenditure (See instructions regarding type of information required.) Purpose of expenditure (See instructions regarding type of information required.)	08/10/2007	6 Payee address; City; State; Zip Code 600 N Lamar Blvd			\$24.00
Date Payee name Waterloo Ice House City: State; Zip Code S1			uired.)	X	from political contributions
Waterloo Ice House O8/27/2007 Payee address; City: State: Zip Code 600 N Lamar Blvd Austin, TX 78703-5400		(If travel outside of Texas, complete Schedule T)			
Payee address; City; State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) Date Payee name Waterloo loe House 10/10/2007 Payee address; City: State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Business Meetling (If travel outside of Texas, complete Schedule T) Date Payee name Waterloo loe House 10/16/2007 Payee address; City: State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Payee address; City: State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Purpose of expenditure (See instructions regarding type of information required.) Purpose of expenditure (See instructions regarding type of information required.) Purpose of expenditure (See instructions regarding type of information required.) Purpose of expenditure (See instructions regarding type of information required.)	Date	Waterloo Ice House			
Business Meeting (If travel outside of Texas, complete Schedule T) Date Payee name Waterloo Ice House 10/10/2007 Payee address: City: State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) Date Payee name Waterloo Ice House 10/16/2007 Payee address: City: State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) S2 Reimbursement (\$) Payee address: City: State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions inlended	08/27/2007	Payee address; City; State; Zip Code 600 N Lamar Blvd			\$16.18
Date Payee name Waterloo loe House (\$) 10/10/2007 Payee address; City: State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) Date Payee name Waterloo Ice House 10/16/2007 Payee address; City; State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended		Business Meeting	iired.)		from political contributions
Waterloo Ice House 10/10/2007 Payee address; City; State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 X Reimbursement from political contributions intended X Reimbursement from political contributions X Reimbursement from political contributions intended X Reimbursement from political contrib					
Payee address; City; State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting (If travel outside of Texas, complete Schedule T) Date Payee name Waterloo Ice House Payee address; City; State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting Reimbursement (\$) Reimbursement from political contributions intended	Date	Waterloo Ice House			
Business Meeting (If travel outside of Texas, complete Schedule T) Date Payee name Waterloo Ice House 10/16/2007 Payee address; City; State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting Reimbursement from political contributions intended	10/10/2007	Payee address; City; State; Zip Code 600 N Lamar Blvd			\$30.00
Date Payee name Waterloo Ice House Amount (\$) 10/16/2007 Payee address; City; State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting Reimbursement from political contributions intended			rired.)	X	from political contributions
Waterloo Ice House (\$) 10/16/2007 Payee address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)			
Payee address; City; State; Zip Code 600 N Lamar Blvd Austin, TX 78703-5400 Purpose of expenditure (See instructions regarding type of information required.) Business Meeting Reimbursement from political contributions intended	Date	Waterloo ice House	i		
Business Meeting room political contributions intended	10/16/2007	600 N Lamar Blvd			\$20.00
<u> </u>			lired.)	X)	from political contributions
		(If travel outside of Texas, complete Schedule T)			